TRAVEL EXPENSE CLAIM STD.262 (REV. 6-93c)					See Instructions and *Privacy Statement below						Page of Pages				
CLAIMANT'S NAME					SOCIAL SECURITY NUMBER						DEPARTMENT				
Lynn L. Jacobs										*		HCD			
POSITION				Bargaini	ng Unit#	DIVISIO	N OR BU	REA	U			INDEX			
Director				Е	99		ve Office		DDE00			5103 50001			
RESIDENCE ADDRESS								UARTER			TELEPHONE NUMBER			4	
CITY STATE					ZIP CODE		CITY	nira Stre	et, S	uite 450		916 445-4775 STATE ZIP CODE			
Sacramento				Sacram	ento			CA 95811			5811				
		(3)	(4)	(6)	(7)	TRA	NSPORTATI				(9)				
(1) 1810141	IIII LAIK	(5)	(4)	(5) N	MEALS	T	(0)	.,						(67	
Ma	r-10	LOCATION				O.T., L/T, NC, RELO.	INCIDEN- TALS	(A)	(B) TYPE USED	CARFARE TOLLS,	(D)			TOTAL	
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER		COST OF			PRIVAT	E CAR USE AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY	
3/2	. LUYIE	Sacramento	- robouse		201011				PC	PRKG 6.00	4	2,00		8.00	
									PC	0,00					
3/3	0400	Drove to Sacramento A/P							PC		10	5.00		5.00	
		Sacramento to Santa Ana		<u> </u>								-		<u> </u>	
3/4		Los Angeles						17.87	RC			-		17.87	
3/5		Ventura												-	
3/8		Santa Barbara to Sacramento							PC	45.00	12	6.00		51.00	
	0816	End of Trip										-			
3/9		Sacramento							РС	8.75	4	2.00		10.75	
3/10	0900	Sacramento to Oakland							PC	4.00	159	79.50		83.50	
	1600	End of Trip									·	•		-	
3/11		Saacramento							PC	10.50	4	2.00		12.50	
3/12	-	Sacramento							РС	7.50	4	2.00		9.50	
	0945	Sacramento to Davis							PC		29	14.50		14.50	
	1200	End of Trip			·						-			-	
												Ť			
(10)		SUBTOTALS		_	-	-	-	17.87		81.75	226.00	113.00	-	212.62	
COLU	MN CO	DE (ACCTG: USE ONL)	n)		13.2										
CLAIM TOTAL													\$	212.62	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS 3/2 - Director attended meetings in Sacramento. 3/3 - Flight from Sacramento to Santa Ana for Speaking											(12) NORMAL WORK HOURS 8:00 AM - 5:00 PM				
Engag	ement i	n Huntington BeachIM	IN CA Munic	ipal Finar	nce Confe	erence. 3/	4 - SCAG	meeting	in Lo		(13) PRIVATE VEHICLE LICENSE No.				
Angeles, 3/5 - Early AM meeting in VenturaReturned Rental Car. 3/8 - Flight from Santa Barbara to Sacramentodrove to HQ. 3/9 - Sacramento meetings, 3/10 - Drove from Sacramento to Oakland and back															
for Speaking Engagement / Grand Opening Iron Horse at Central Station Project. 3/11 - Senate Budget										t	(14) MILEAGE RATE CLAIMED 0.5				
Hearing. 3/12 - Drove from Sacramento and back from Davis for meeting with Glenda Humiston (State Director USDA)meetings in Sacramento.										AGENCY ACCOUNTING OFFICE					
					USE ONLY										

of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE Elliott Mandell 03/29/10

Lynn L. Jacobs 03/29/10 E

DATE

TRA	VEL E	ORNIA - PERSONNEL ADMINIS	TRATION			struction Stateme		-			Dana				
STD.262 (REV. 6-93c) CLAIMANT'S NAME						Stateme								rayes	
							SOCIAL	SECURI	IYN	UMBER		DEPARTI HCD	VIENI		
Lynn L. Jacobs POSITION Bargainin							DIVISIO	N OR BU	REA	Ü		INDEX PCA			
					E 99		1		•				5103 50001		
Director RESIDENCE ADDRESS						99		ve Office		DRESS		TELEPHO	ONE NUMBER		
KLOII		ADDITECT		1800 Third Street, Suite 450						916 445-4775					
CITY STATE					ZIP CODE								STATE ZIP CODE		
Sacramento CA							Sacram	ento				CA	98	5811	
			//EALS	······	(6)	(7)	TPA	NSPORTAT	ION		(8)	(9)			
(1) MONT	H/YEAR	(3)	(4)	(5) N	T.	T	(0)	(1)	T TOA	NOFORTAL			(6)	(9)	
Ма	r-10	LOCATION				O.T., L/T,		(A)	(B)	(C)		(D)			
(2)		WHERE EXPENSES		BREAK-		NC, RELO. OR	INCIDEN-	COST OF	TYPE	CARFARE TOLLS,	PRIVAT	E CAR USE	BUSINESS	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PRKG	MILES	AMOUNT	EXPENSE	FOR DAY	
3/17		Sacramento							PC	12.00	4	2,00		14.00	
3/18	0530	Drove to Sacramento A/P		*					PC.		12	6.00		6.00	
		Sacramento to Burbank							_						
3/19		Camarillo									-		,		
3/21		Burbank to Sacramento	,					21.37	RC	36.00				53.37	
	1920	End of Trip							PC		10	5.00		5.00	
	1020	Drove from Sacramento to	· · · · · · · · · · · · · · · · · · ·												
3/23		San Jose							PC		232	116.00		116.00	
												-			
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												-	·	-	
(10)				<u> </u>		<u></u>	ļ					-		-	
• •		SUBTOTALS	-	atura di Sani di Primario.	-	- densa Sarrennos	- Vermothikationers ver	21.37	-	48.00	258.00	129.00	- 20144124 (VISSA)	198.37	
COLU	MNCC	DE (ACCTG: USE ONL)						<u>.</u>					\$	198.37	
(4.4) I	NIDD(CLAIM TOTAL	NE VND I	TETAIL S							(12) NOR	MAL WORK I	<u> </u>	100.07	
3/17	(11) PURPOSE OF TRIP, REMARKS AND DETAILS 3/17 - Meetings in Sacramento. 3/18 - Drove to Sacramento A/F							l', '					PM		
3/19	- Spea	king Engagement in C	amarillo ar	nd Ventu	ra meeti	ngs. 3/2	1- Flight	from Bu	rban	ık to	(13) PRIV	ATE VEHICL	E LICENSE N	lo.	
Sacra	amento	HQ 3/23 - Drove fror	n Sacrame	ento to Sa	an Jose	and back	k with sta	aff for me	etin	gs.	(4.4) NIII E	ACE DATE C	LAIMED		
(14) MILEAGE RATE											AGE RATE C	CLAIMED 0.5			
											NCY ACC	OUNTING	OFFICE		
							•					US PAID BY REV	E ONLY	CK No	
(15)	LUCDER	Y CERTIFY That the above is a tr	uo statement of	the travel ev	nenses incu	rred by me in	accordance	with DPA ru	les in i	the service	1	PAID DT NEV	. TOND ONE	OK NO.	
	of the Sta	Y CERTIFY That the above is a trade of California. If a privately ow the vehicle was equal to or great to 752, 0753 and 0754 pertainity	ned vehicle was ier than the rate	s used, and it claimed, and	mileage rate that I have	es exceed th	e minimum ra	ate, I certify t	he cos	st of		•			
CLAIMA	NT'S SIG	•	<u> </u>	DATE		(16) SIGNA	TURE OF O	FFICER API	PROVI	NG TRAVEL	AND PAY	MENT	DATE		
Lvr	n I	Jacobs		03/2	29/10	Ellio	tt Mar	ndell					 03/29/:	10	
		PENSE AUTHORIZATION - SIGN		l							DATE				

		ORNIA - PERSONNEL ADMINIS EXPENSE CLAIM	STRATION				ns and *	_			***************************************		***************************************	•••••		
STD.262 (REV. 6-93c)							nt belov				Page			Pages		
CLAIN	MANT'S	NAME					SOCIAL	SECURI	TY N	UMBER		DEPART	MENT			
	L. Jac	obs			I=		DIV (1010)	N OD DU	DEA			HCD	INDEV	IDCA		
POSITION							N OR BU		U			INDEX PCA				
	Director					99		ve Office		DDECC	TELEDIA		5103 50001 ONE NUMBER			
RESI	DENCE	ADDRESS				UARTER										
				STATE	710 0005		1800 Th	nird Stre	et, S	uite 450		916 445-4775 STATE ZIP CODE				
CITY				ZIP CODE			onto			CA		95811				
Sacra	amento		1	CA			Sacram	T					l	1		
(1) MONT	H /YEAR	(3)	(4)	(5) 1	ieals T	·	(6)	(7)	TRAI	NSPORTATI	ON		(8)	(9)		
Me	ar-10	LOCATION				0.T., L/T,		(A)	(B)	(C)		(D)				
(2)	11-10	WHERE EXPENSES		BREAK-	•	NC, RELO.	INCIDEN-	COST OF	TYPE	CARFARE		E CAR USE	BUSINESS	TOTAL EXPENSES		
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED		MILES	AMOUNT	EXPENSE	FOR DAY		
3/24		Sacramento							PC	12.00	4	2.00		14.00		
3/25	0630	Drove to Sacramento A/P							PC		10	5.00		5.00		
		Sacramento to Burbank	121.10		10.00	18.00						-		149.10		
3/26		Burbank										-		_		
3/28		Burbank to Sacramento							PC	36.00	7			36.00		
	1815	End of Trip							PC		10	5.00		5.00		
												-				
-																
												_				
												_		-		
												-				
												-				
												_				
												-		-		
(10)	·	SUBTOTALS	121.10	-	10.00	18.00	-	-	-	48.00	24.00	12.00	Of Delete Parties, was a	209.10		
COLU	JMN C	DDE (ACCTG: USE ONL	Y)	957,34		i E fight	F 25,745		.				\$	209.10		
		CLAIM TOTAL							(12) NORMAL WORK HOURS							
3/24	3/24 - Director attended the Assembly Budget Committee hearing at the Capitol. 3/25- Drove to										8:00 AM - 5:00 PM					
Sacra	amento	A/P for a flight from S	Sacramento	to Burb	ankAt	tended (CalHFA E	Board Me	eetin	g. 3/26-	(13) PRI\	/ATE VEHICL	E LICENSE N	io.		
CalH	CalHFA Board Meeting. 3/28 - Flight from Burbank to Sacramento HQ.											(14) MILEAGE RATE CLAIMED				
													0.5			
												AGENCY ACCOUNTING OFFICE				
												PAID BY RE\	E ONLY	CK No.		
(15)		Y CERTIFY That the above is a t	rue statement of	the travel ex	vnenses incu	rred by me i	n accordance	with DPA r	ıles in	the service	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(10)	of the St	ate of California. If a privately ov	wned vehicle was	used, and i	f mileage rat	es exceed th	ie minimum r	ate, I certify	the co	st of						
	operating 0750, 07	g the vehicle was equal to or grea 51. 0752, 0753 and 0754 pertain	iter than the rate ing to vehicle sa	ciaimed, an fely and sea	u mat i nave t belt usage.	mer me requ	mentents as	hreammen r	y SAIV	, occiloris	L					
CLAIM	ANT'S SIG	SNATURE		DATE		(16) SIGN/	ATURE OF C	OFFICER AP	PROV	ING TRAVEL	AND PAY	MENT	DATE			
Lynn L. Jacobs					29/10	Ellio	tt Mar	ndell			03/29/10					

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE